

# ADJUNCT FACULTY APPROVAL FORM

Program Seeking Approval:

Legal Name of Faculty:

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It is hereby requested that the above-named person be approved to serve as a faculty member for Vincennes University to teach the following courses: **COMPLETION OF THIS FORM IS NOT CONFIRMATION OF EMPLOYMENT AT VU. A PAYROLL NOTIFICATION MUST BE COMPLETED BEFORE TEACHING AT VU.**

## Cosmetology

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			COSM-100	Cosmetology I
			COSM-150	Cosmetology II
			COSM-200	Cosmetology III
			COSM-250	Cosmetology IV
			COSM-275	Comprehensive Cosmetology
			COSM-187	Special Instruction***
			COSM-188	Special Instruction***
			COSM-189	Special Instruction***
			COSM-297	Special Project***
			COSM-298	Special Project***
			COSM-299	Special Project***

A subtitle is required for all Special Instruction/Project courses --  
Please write the requested subtitle in following the \*\*\* on the appropriate course line

Updated for 2023-24 Academic Year

### REVIEWED BY:

Non-Vincennes Campus

Vincennes Campus

Department/Program Chair \_\_\_\_\_ Date

Department/Program Chair \_\_\_\_\_ Date

Director/College Dean \_\_\_\_\_ Date

College Dean \_\_\_\_\_ Date

Vice President \_\_\_\_\_ Date

Provost \_\_\_\_\_ Date

NOTES:

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